

---

**CHAPTER 46: VISION (EYE WEAR) SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 2**

---

**VISION (EYE WEAR) SERVICES****TABLE OF CONTENTS**

<b>SUBJECT</b>	<b>SECTION</b>
<b>OVERVIEW</b>	<b>46.0</b>
<b>COVERED SERVICES</b>	<b>46.1</b>
Eye Exams	
Lenses	
Frames	
Contact Lenses	
Same-Day or Subsequent Day Follow-Up Office Visit Policy	
Eye Wear Replacement Policy	
<b>BENEFICIARY REQUIREMENTS</b>	<b>46.2</b>
Eligibility Verification	
<b>PROVIDER REQUIREMENTS</b>	<b>46.3</b>
Optical Groups	
Individual Providers	
<b>PRIOR AUTHORIZATION</b>	<b>46.4</b>
Required Documentation for Prior Authorization	
Prior Authorization Requests for Contact Lenses	
Prior Authorization Decisions and Delivery of Services	
Post Authorization	

---

**CHAPTER 46: VISION (EYE WEAR) SERVICES**

---

**SECTION: TABLE OF CONTENTS****PAGE(S) 2**

---

<b>SUBJECT</b>	<b>SECTION</b>
<b>REIMBURSEMENT</b>	<b>46.5</b>
Billing Information	
Electronic Claims Status Inquiry	
Adjustments/Void Claims	
Adjustments for Medicare/Medicaid Claims	
<b>RECORD KEEPING</b>	<b>46.6</b>
<b>FEE SCHEDULE</b>	<b>APPENDIX A</b>
<b>PRIOR AUTHORIZATION FORM</b>	<b>APPENDIX B</b>
<b>CLAIMS FILING</b>	<b>APPENDIX C</b>
<b>CONTACT INFORMATION</b>	<b>APPENDIX D</b>